

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155198		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/10/2012	
NAME OF PROVIDER OR SUPPLIER  MARQUETTE				STREET ADDRESS, CITY, STATE, ZIP CODE 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/10/12</p> <p>Facility Number: 000105 Provider Number: 155198 AIM Number: NA</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Marquette was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This two story building with a basement was determined to be of Type II (222) construction and was fully sprinklered except for two elevator rooms. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 102 and had a census of 80 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler</p>			K0000	<p>The creation and submission of this plan of correction does not constitute as an admission of any conclusion set forth in the statement of deficiencies or any violation of regulation(s).</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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	<p>coverage. The facility was found in compliance with the state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two elevator rooms. The facility has no detached buildings providing facility services.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/18/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure a sprinkler head was installed in 2 of 2 elevator rooms to provide coverage for all portions of the building. NFPA 13 at 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating. This deficient practice could affect 8 residents, staff and</p>		K9999	<p><b>K 9999 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents have been directly or indirectly affected by the alleged deficient practice. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; No residents have the potential to enter the secured elevator rooms near the Laundry or Central Supply areas. The areas immediately outside of these secured rooms are protected by automatic sprinklers. No flammable or combustible products are stored in these rooms; however, fire extinguishers are properly hung and available for use immediately inside the secured elevator rooms. The elevator rooms will continue to be inaccessible to residents, and measures detailed below ensure further safety to all. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Maintenance personnel promptly ensured installation of automatic sprinklers in these two isolated and secured areas. All other areas in the facility were identified</b></p>		09/30/2012	

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	<p>visitors in the vicinity of the basement Elevator Machine Room near the Laundry and the basement Elevator Machine Room near Central Supply.</p> <p>Findings include:</p> <p>Based on observations with the Plant Director during the tour of the facility from 1:00 p.m. to 2:30 p.m. on 09/10/12, the basement Elevator Machine Room near the Laundry and near Central Supply each did not have a sprinkler head installed. Based on interview at the time of the observations, the Plant Director acknowledged the aforementioned elevator machine rooms each did not have a sprinkler head installed in the room.</p> <p>3.1-19(ff) 3.1-19(b)</p>				<p>to be in compliance with this state regulation. See Attachments for evidence of compliance. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b> Maintenance personnel will continue with routine preventative maintenance programs to ensure proper functioning of all sprinkler heads. Every room in the licensed area is now in compliance with this requirement.</p>		